

SEE SCHEDULE O FOR CONTINUATION(S)

Form 990 (2017)

<p>2</p> <p>prior Form 990 or 990-EZ?</p>	<p>Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?</p> <p>If "Yes", describe these new services on Schedule O.</p> <p>If "Yes", describe these new services on Schedule O.</p> <p>Did the organization cease conducting, or make significant changes in how it conducts, any program services?</p> <p>If "Yes", describe these changes on Schedule O.</p> <p>If "Yes", describe these changes on Schedule O.</p> <p>Did the organization make significant changes in how it conducts, any program services?</p> <p>If "Yes", describe these changes on Schedule O.</p> <p>If "Yes", describe these changes on Schedule O.</p> <p>3</p> <p>4</p>
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<input checked="" type="checkbox"/> Part III Statement of Program Service Accomplishments ENDDING SPENDING, INC. Form 990 (2017) 27-2189012 Page 2	
Check if Schedule O contains a response or note to any line in this Part III <input type="checkbox"/> Briefly describe the organization's mission:	
ENDING SPENDING PROMOTES PUBLIC POLICIES, INCREASES GOVERNMENT TRANSPARENCY AND ACCOUNTABILITY, AND PROMOTES FISCAL DISCIPLINE.	

Form 990 (2017) ENDING SPENDING, INC. **Part IV** Checklist of Required Schedules

Form 990 (2017)

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
2	Is the organization required to complete Schedule B, Schedule of Contributions?	<input type="checkbox"/>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	<input type="checkbox"/>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	<input type="checkbox"/>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 if "Yes," complete Schedule C, Part III	<input type="checkbox"/>
6	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part I	<input type="checkbox"/>
7	Did the organization receive or hold a custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part II	<input type="checkbox"/>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<input type="checkbox"/>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, line 167 if "Yes," complete Schedule D, Part V	<input type="checkbox"/>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part VI	<input type="checkbox"/>
11	If the organization answers to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X as applicable.	<input type="checkbox"/>
12	Did the organization report an amount for land, buildings, and equipment in Part X, line 107 if "Yes," complete Schedule D, Part VI	<input type="checkbox"/>
13	b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then complete D, Parts XI and XII is optional.	<input type="checkbox"/>
14	a Did the organization maintain an office, employees, or agents outside of the United States, or aggregate foreign investments, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	<input type="checkbox"/>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	<input type="checkbox"/>
16	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 6 and 11e? If "Yes," complete Schedule F, Parts III and IV	<input type="checkbox"/>
17	Did the organization report more than \$15,000 of gross income from gambling activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part II	<input type="checkbox"/>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, line 1c and 8a? If "Yes," complete Schedule G, Part II	<input type="checkbox"/>
19	Did the organization report more than \$15,000 of gross income from gambling activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part II	<input type="checkbox"/>

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20a	Did the organization operate one or more hospital facilities? If "Yes", complete Schedule H	Yes	No
21	If "Yes", to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on domestic government on Part IX, column (a), line 17 if "Yes", complete Schedule I, Parts I and II	21	X
23	Part IX, column (A), line 27 if "Yes", complete Schedule I, Parts I and III	22	X
24a	Did the organization have a tax-exempt bond issued after December 31, 2002? If "Yes", answer lines 24b through 24d and complete Schedule J	23	X
24b	Last day of the year, that was issued after December 31, 2002	24a	X
24c	Did the organization maintain an escrow account other than a revolving escrow at any time during the year to defuse any tax-exempt bonds?	24b	X
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c	X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes", complete Schedule L, Part I	25b	X
27	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes", complete Schedule L, Part III	27	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV):	28a	X
29	a current or former officer, director, trustee, or key employee? If "Yes", complete Schedule L, Part IV	28b	X
30	b A family member of a current or former officer, director, trustee, or key employee? (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes", complete Schedule L, Part IV	28c	X
31	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or director, trustee, or key employee? (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes", complete Schedule M	30	X
32	d Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes", complete Schedule N, Part II	31	X
33	e Did the organization own 100% of an entity disengaged as separate from the organization under Regulation sections 301.7701-2 and 301.7701-3? If "Yes", complete Schedule R, Part I	32	X
34	f Was the organization related to any taxable entity? If "Yes", complete Schedule R, Part II, III, or IV, and sections 301.7701-2 and 301.7701-3? If "Yes", complete Schedule R, Part VI	33	X
35a	g Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34	X
35b	h "Yes," to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?	35a	X
36	i Section 501(g)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b	X
37	j Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes", complete Schedule R, Part VI	36	X
38	k Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37	X
	Note: All Form 990 filers are required to complete Schedule O		

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1a	Enter the number reported in Box 3 of Form 1096. Enter 0, if not applicable.	1b	0
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements.	2b	X
3a	Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	3b	X
4a	If "Yes," has it filed a Form 990-T for this year? "Yes" to line 3b, provide an explanation in Schedule O.	4b	X
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b	X
6a	If "Yes," did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	6b	X
7	Organizations that may receive deductible contributions under section 170(c).	7a	
7b	If "Yes," did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7c	
7d	If "Yes," indicate the number of Forms B2BZ filed during the year to file Form B2BZ?	7e	
7f	If "Yes," did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7g	
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C?	7i	
7j	If the organization received a contribution of intellectual property, did the organization file Form 8899 as required?	7k	
7l	Sponsors of organizations that may receive deductible contributions under section 170(c).	7m	
7n	If "Yes," did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form B2BZ?	7o	
7p	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7q	
7r	If "Yes," did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7s	
7t	If "Yes," did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7u	
7v	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C?	7w	
7x	If the organization received a contribution of intellectual property, did the organization file Form 8899 as required?	7y	
7z	Sponsoring organizations maintaining donor advised funds.	7aa	
7ba	If "Yes," did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	7ca	
7da	If "Yes," enter the amount of other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	7ea	
7fa	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	7ga	
7ia	Gross income from members or shareholders.	7ja	
7la	Section 501(c)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	7la	
7lb	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	7lb	
7lc	Section 501(c)(29) qualified nonprofit health insurance issuers.	7lc	
7la	Is the organization licensed to issue qualified health plans in more than one state?	7la	
7lb	Note. See the instructions for additional information the organization must report on Schedule O.	7lb	
7lc	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	7lc	
13a	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13a	
13b	Section 501(c)(2) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	13b	
13c	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	13c	
14a	Did the organization receive any payments for indoor training services during the tax year?	14a	X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

Check if Schedule O contains a response or note to any line in this Part V

Section A. Governing Body and Management		
1a	Enter the number of voting members of the governing body at the end of the tax year	
1a	1b	1c
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	
5	Did the organization become aware during the year of a significant driver of the organization's assets?	
6	Did the organization make any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or more members of the governing body?	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	
7b	Did the organization have other persons other than the governing body?	
8	Did the organization consistently document the meetings held or written actions undertaken during the year by the following persons other than the governing body?	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address?	
10a	Did the organization have local chapters, branches, or affiliates?	
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	
10c	Does the organization provide a written copy of this Form 990 to all members of its governing body before filing the form?	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O.	
13	Did the organization have a written whistleblower policy?	
14	Did the organization have a written document retention and destruction policy?	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparable data, and contemporaneous substantiation of the deliberation and decision?	
16a	The organization's CEO, Executive Director, or top management official	
16b	Other officers or key employees of the organization	
16c	If "Yes," to line 15b, describe the process in Schedule O (see instructions).	
16d	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	
16e	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	
17	List the states with which a copy of this Form 990 is required to be filed	
18	Section 5104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.	
20	State the name, address, and telephone number of the person who possesses the organization's books and records.	
21	610 S. BOURKEWARD, TAMPA, FL 33606	

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		
2	Does the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	
3	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or more members of the governing body?	
4	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	
5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	
6	Did the organization become aware during the year of a significant driver of the organization's assets?	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	
7b	Did the organization have other persons other than the governing body?	
8	Did the organization consistently document the meetings held or written actions undertaken during the year by the following persons other than the governing body?	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address?	
10a	Did the organization have local chapters, branches, or affiliates?	
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	
10c	Does the organization provide a written copy of this Form 990 to all members of its governing body before filing the form?	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O.	
13	Did the organization have a written whistleblower policy?	
14	Did the organization have a written document retention and destruction policy?	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparable data, and contemporaneous substantiation of the deliberation and decision?	
16a	The organization's CEO, Executive Director, or top management official	
16b	Other officers or key employees of the organization	
16c	If "Yes," to line 15b, describe the process in Schedule O (see instructions).	
16d	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	
16e	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	
17	List the states with which a copy of this Form 990 is required to be filed	
18	Section 5104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.	
20	State the name, address, and telephone number of the person who possesses the organization's books and records.	
21	610 S. BOURKEWARD, TAMPA, FL 33606	

Check this box if neither the organization nor any related organization compensated any current officer, director, trustee, or trustee.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

- Use all of the organization's former offices, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

able compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's current key employees, if any. See instructions for definition of "key employee".
- List the organization's key employees (other than an officer director trustee or key employee) who received report.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
- Enter 0 in columns (D), (E), and (F) if no compensation was paid.

1a. Complete this table for all persons required to be listed. Report compensation for the calendar year or within the organization's tax year.

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Employees, and Independent Contractors

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, Expenses, and Other Compensation

(A) Name and title		(B) Position		(C) Reportable compensation from other organizations (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Average hours per week (list any officer and a director/trustee)		(E) Reportable compensation from the organization (W-2/1099-MISC)		(F) Estimated amount of compensation from the organization (W-2/1099-MISC)		Form below relates to the organization listed on line 1a		Organizations related to the organization listed on line 1a		Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization		Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization		Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes", complete Schedule J for such individual		Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes", complete Schedule J for such individual		Section B. Independent Contractors			
1b Sub-total		2,895,921.		0.	36,969.	2,895,921.		0.	0.	36,969.																	
c Total from continuation sheets to Part VII, Section A		0.		0.	0.	0.		0.	0.	0.																	
d Total (add lines 1b and 1c)		2,895,921.		0.	36,969.	2,895,921.		0.	0.	36,969.																	
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes", complete Schedule J for such individual	Yes	No																									
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes", complete Schedule J for such individual	X																										
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services and related organizations greater than \$150,000? If "Yes", complete Schedule J for such individual	X																										
6 Rendered to the organization? If "Yes", complete Schedule J for such person	X																										
7 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.	(A) Name and business address		(B) Description of services		(C) Compensation		(D) Description of services		(E) Compensation		(F) Description of services		(G) Compensation		(H) Description of services		(I) Compensation		(J) Description of services		(K) Compensation		(L) Description of services		(M) Compensation		
1 MENTZER MEDIA SERVICES, INC., 210 W. PENNSYLVANIA AVE, STE 250, TOWSON, MD	MEDIA EXPENSE/PLACEMENT		DIRECT		MAIL/TELEMARKETING		DDC ADVOCACY, LLC DBA DDC PUBLIC AFFAIRS		805 15TH STREET NW, SUITE 300, WASHINGTON, DC		MAIL/TELEMARKETING		106,327.		PENNYSYLVANIA AVE, STE 250, TOWSON, MD		MEDIA EXPENSE/PLACEMENT		DIRECT		DDC ADVOCACY, LLC DBA DDC PUBLIC AFFAIRS		805 15TH STREET NW, SUITE 300, WASHINGTON, DC				
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization																											

Part VIII Statement of Revenue		Check if Schedule O contains a response or note to any line in this Part VIII			
		(A) Total revenue	(B) Related or exempt organization revenue	(C) Unrelated business revenue	(D) Revenue tax under Sections 512 - 514
1a Federated campaignings	1a	1,000,000.	1,000,000.		
1b Membership dues	1b				
1c Fundraising events	1c				
1d Related organizations	1d				
1e Government grants (contributions)	1e				
1f All other contributions, gifts, grants, and similar amounts not included above	1f				
1g Noncash contributions included in lines 1a-1f	1g				
1h Total. Add lines 1a-1f					
1i Total. Add lines 2a-2f					
3 Investment income (including dividends, interest, and other similar amounts)					
4 Royalties					
5 Gross rents					
6 a Gross rents (i) Real (ii) Personal					
6 b Less: rental expenses					
6 c Rental income or (loss)					
6 d Net rental income or (loss)					
7 a Gross amount from sales of (i) Securities (ii) Other					
7 b Less: cost of other basis					
7 c Gain or (loss)					
7 d Net gain or (loss)					
8 a Gross income from fundraising events (not including \$ included on line 1c). See contributions reported on line 1c)					
8 b Less: direct expenses					
8 c Net income from fundraising activities. See Part IV, line 19					
8 d Net income or (loss) from gambling activities. See Part IV, line 18					
9 a Gross income from gambling activities. See Part IV, line 19					
9 b Less: direct expenses					
9 c Net income or (loss) from fundraising events					
9 d Gross income from gambling activities. See Part IV, line 18					
10 a Gross sales of inventory, less returns and allowances					
10 b Less: cost of goods sold					
10 c Net income or (loss) from gambling activities					
10 d Gross sales of inventory, less returns and allowances					
11 a Miscellaneous Revenue					
11 b Less: cost of inventory					
11 c Net income or (loss) from sales of inventory					
11 d All other revenue					
12 Total. Add lines 1a-11d					
Total revenue. See instructions.					

Other Revenue

Program Service Revenue

Contributions, Gifts, Grants and Other Similar Amounts

Form 990 (2017)

Part X Balance Sheet		
ENDDING SPENDING, INC.		
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Check if Schedule D contains a response or note to any line in this Part X		
1 Cash - non-interest-bearing	4,880,589.	1
2 Savings and temporary cash investments	622,182.	
3 Pledges and grants receivable, net		
4 Accruals receivable, net	4	
5 Loans and other receivables from other disqualifying persons (as defined under section 4958(f)(1)), persons described in section 501(c)(9) voluntary employees and spouses or beneficiaries (see list). Complete Part II of Sch L	5	
6 Notes and loans receivable, net	6	
7 Inventories for sale or use	7	
8 Prepaid expenses and deferred charges	8	
9 Land, buildings, and equipment cost or other basis, Complete Part VI of Schedule D	9	
10a Less: accumulated depreciation	10a	10b
11 Investments - publicly traded securities	11	
12 Investments - other securities. See Part IV, line 11	12	
13 Investments - program-related. See Part IV, line 11	13	
14 Intangible assets	14	875,010.
15 Other assets. See Part IV, line 11	15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	16	1,497,192.
17 Accounts payable and accrued expenses	17	
18 Grants payable	18	
19 Deferred revenue	19	
20 Tax-exempt bond liabilities	20	
21 Escrow or custodial account liability. Complete Part IV of Schedule D	21	
22 Complete Part II of Schedule L	22	
23 Secured mortgages and notes payable to unrelated third parties	23	
24 Unsecured notes and loans payable to unrelated third parties	24	
25 Schedule X	25	
26 Total liabilities. Add lines 17 through 25	0.	26
27 Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 34.	27	
28 Temporarily restricted net assets	28	
29 Permanent net assets	29	
30 Capital stock or trust principal, or current funds	0.	
31 Paid-in or capital surplus, or land, building, or equipment fund	0.	
32 Retained earnings, endowment, accumulated income, or other funds	5,923,811.	32
33 Total net assets or fund balances	5,923,811.	33
34 Total liabilities and net assets/fund balances	5,923,811.	34

Check if Schedule D contains a response or note to any line in this Part X

Net Assets or Fund Balances

Liabilities

Assets

Form 990 (2017)

1	Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other	
Check if Schedule O contains a response of note to any line in this Part XI		
<input type="checkbox"/>		
Part XII Financial Statements and Reporting		
1	Total revenue (must equal Part VIII, column (A), line 12)	
2	Total expenses (must equal Part IX, column (A), line 25)	
3	Revenue less expenses. Subtract line 2 from line 1	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	
5	Net unrealized gains (losses) on investments	
6	Donated services and use of facilities	
7	Investment expenses	
8	Prior period adjustments	
9	Other changes in net assets or fund balances (explain in Schedule O)	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33).	
Column (B))		
1,497,192.		
Check if Schedule O contains a response of note to any line in this Part XII		
<input type="checkbox"/>		

1	Total revenue (must equal Part VIII, column (A), line 12)	
2	Total expenses (must equal Part IX, column (A), line 25)	
3	Revenue less expenses. Subtract line 2 from line 1	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	
5	Net unrealized gains (losses) on investments	
6	Donated services and use of facilities	
7	Investment expenses	
8	Prior period adjustments	
9	Other changes in net assets or fund balances (explain in Schedule O)	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33).	
Column (B))		
1,497,192.		
Check if Schedule O contains a response of note to any line in this Part XI		
<input type="checkbox"/>		

Part XI Reconciliation of Net Assets		
Form 990 (2017) ENDING SPENDING, INC. 27-2189012 Page 12		

Check if Schedule O contains a response of note to any line in this Part XI		
<input type="checkbox"/>		
Part XII Financial Statements and Reporting		
1	Accrualing method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other	
If "Yes," check a box below to indicate whether the financial statements compiled or reviewed on a separate basis, consolidated basis, or both:		
2a	Were the organization's financial statements audited by an independent accountant?	
2b	Were the organization's financial statements compiled or reviewed on a separate basis, consolidated basis, or both:	
2c	If "Yes," or compilation of its financial statements and selection of an independent accountant?	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act andOMB Circular A-1337	
3b	Or audits, explain why in Schedule O and describe any steps taken to undergo such audits	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF, but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

religious, charitable, etc., contributions totaling \$5,000 or more during the year.

purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions.

For an organization described in Section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000, if this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc.,

the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in Section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for

or (ii) Form 990-EZ, line 1. Complete Parts I and II.

any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1; sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from Form 990 or 990-EZ that received from any one contributor, during the year, contributions under

Special Rules

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Note: Only a Section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. Check if your organization is covered by the General Rule or a Special Rule.

General Rule

 501(c)(3) taxable private foundation 4947(a)(1) nonexempt charitable trust not treated as a private foundation 501(c)(3) exempt private foundation 527 political organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 501(c)(4) (enter number) organization

Form 990 or 990-EZ

Filers of: Section:

Organization type (check one):

ENDING SPENDING, INC. 27-2189012Name of the organization Employer identification number

2017

Schedule B
Schedule of Contributors

** PUBLIC DISCLOSURE COPY **

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Schedule B
Form 990, 990-EZ,
or 990-PF.
OMB No. 1545-0047
Internal Revenue Service
Department of the Treasury

Part 1: Distributors (see instructions). Use duplicate copies of Part 1 if additional space is needed.

27-2189012

Name of organization _____ Employee identification number _____

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	\$	(d) Date received

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

27-2189012

Name of organization _____ Employee identification number _____

Schedule C (Form 990 or 990-EZ) 2017

Schedule C

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

SCHEDULE C Political Campaign and Lobbying Activities					
Form 990 or 990-EZ)		Department of the Treasury Internal Revenue Service			
OMB No. 1545-0047		For Organizations Exempt From Income Tax Under Section 501(c) and Section 527			
2017		Go to www.irs.gov/Form990 for Instructions and the latest information.			
Open to Public Inspection		► Go to www.irs.gov/Form990 for Instructions and the latest information.			
If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then		► Go to www.irs.gov/Form990 for Instructions and the latest information.			
• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-B.		► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.			
• Section 501(c)(4) (other than Section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.					
• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.					
If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then					
• Section 527 organizations: Complete Part I-A only.					
• Section 501(c)(4) organizations: Complete Parts I-A and B. Do not complete Part I-B.					
• Section 501(c)(3) organizations: Complete Parts I-A and C below. Do not complete Part I-B.					
If the organization answered "Yes," on Form 990, Part IV, line 5, or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then					
• Section 501(c)(3) organizations that have NOT filed Form 5768 (election under Section 501(h)): Complete Part II-A. Do not complete Part II-B.					
• Section 501(c)(3) organizations that have filed Form 5768 (election under Section 501(h)): Complete Part II-A. Do not complete Part II-B.					
• If the organization answered "Yes," on Form 990, Part IV, line 5, or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then					
• Section 501(c)(4), (5), or (6) organizations: Complete Part III.					
1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.					
2 Political campaign activities \$ 1,299,167.					
3 Political campaign activity expenditures \$ 0.					
4 Did the filing organization file Form 1120-POL for this year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.					
<p>Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.</p> <p>Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt organization activities \$ 1,299,167.</p> <p>Enter the amount directly expended by the filing organization for section 527 exempt organization activities \$ 1,299,167.</p> <p>1 Enter the amount directly expended by the filing organization for section 527 exempt organization activities \$ 1,299,167.</p> <p>2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt organization activities \$ 1,299,167.</p> <p>3 Total exempt organization expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL.</p> <p>4 Did the filing organization file Form 1120-POL for this year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.</p>					
<p>Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).</p> <p>1 Enter the amount directly expended by the filing organization for section 527 exempt organization activities \$ 1,299,167.</p> <p>2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt organization activities \$ 1,299,167.</p> <p>3 Total exempt organization expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL.</p> <p>4 Did the filing organization file Form 1120-POL for this year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.</p>					
<p>Part I-B Complete if the organization is exempt under section 501(c)(3).</p> <p>1 Enter the amount of any excise tax incurred by the organization under section 4955 \$ 0.</p> <p>2 Enter the amount of any excise tax incurred by the organization under section 4955 \$ 0.</p> <p>3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>4a Was a correction made? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>b If "Yes," describe in Part IV.</p>					
<p>Part I-C Complete if the organization is exempt under section 501(c)(3), except section 501(c)(3).</p> <p>1 Enter the amount of any excise tax incurred by the organization under section 4955 \$ 0.</p> <p>2 Enter the amount of any excise tax incurred by the organization under section 4955 \$ 0.</p> <p>3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>4a Was a correction made? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>b If "Yes," describe in Part IV.</p>					
<p>Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.</p> <p>1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.</p> <p>2 Political campaign activities \$ 1,299,167.</p> <p>3 Volunteer hours for political campaign activities \$ 0.</p> <p>4 Enter the amount of any excise tax incurred by the organization under section 4955 \$ 0.</p> <p>5 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>6 Name of organization ENDING SPENDING, INC. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>7 Employer identification number 27-2189012 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>8 Section 501(c)(4), (5), or (6) organizations: Complete Part III.</p>					

Schedule C (Form 990 or 990-EZ) 2017

Calendar Year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column(e))					
f Grassroots lobbying expenditures					

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.)

4-Year Averaging Period Under Section 501(h)

g Grassroots nontaxable amount (enter 25% of line 1f)					
h Subtract line 1g from line 1a. If zero or less, enter 0.					
i Subtract line 1f from line 1a. If zero or less, enter 0.					
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 491 tax for this year? <input type="checkbox"/> Yes <input type="checkbox"/> No					
l Lobbying nontaxable amount. Enter the amount from the following table in both columns.					
if the amount on line 1e, column (a) or (b) is:	if the amount on line 1e, column (a) or (b) is:	if the amount on line 1e, column (a) or (b) is:	if the amount on line 1e, column (a) or (b) is:	if the amount on line 1e, column (a) or (b) is:	if the amount on line 1e, column (a) or (b) is:
Not over \$500,000	Over \$500,000 but not over \$1,000,000	Over \$1,000,000 but not over \$1,500,000	Over \$1,500,000 but not over \$17,000,000	Over \$17,000,000 but not over \$17,000,000	Over \$17,000,000
20% of the amount on line 1e.	\$100,000 plus 15% of the excess over \$500,000.	\$175,000 plus 10% of the excess over \$1,000,000.	\$225,000 plus 5% of the excess over \$1,500,000.	\$250,000 plus 1% of the excess over \$17,000,000.	\$1,000,000.
e Total exempt purpose expenditures (add lines 1c and 1d)					
d Other lobbying expenditures (add lines 1a and 1b)					
c Total lobbying expenditures to influence a legislative body (direct lobbying)					
b Total lobbying expenditures to influence public opinion (grass roots lobbying)					
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)					
(The term "expenditures" means amounts paid or incurred.)					
(a) Filing organization's totals	(b) Affiliated group totals				
A Check <input type="checkbox"/> if the filing organization checked box A and "limited control" provisions apply.					
B Check <input type="checkbox"/> if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).					

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 576B (election under section 501(h)).

Schedule C (Form 990 or 990-EZ) 2017 ENDING SPENDING, INC. 27-2189012 Page 2

DIRECT FOLITICAL ACTIVITY IN 2017, INCLOUDING: (1) SPONSORING VOTER

THE NATION'S DEBT, ENDING SPENDING UNDERSTOOD LIMITED INDIRECT AND

NON-PARTISAN EDUCATIONAL AND ADVOCACY WORK FOCUSED ON THE DANGERS OF

ENDING SPENDING PRIMARILY PURPOSE IN 2017 CONTINUED TO BE ON ITS

PART I-A, LINE 1:

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part II-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Part IV Supplemental Information

1	Dues, assessments and similar amounts from members	2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the Section 527(j) tax was paid).
2a	Current year	2b	b Carryover from last year
2b	c Total	3	Aggregates amount reported in Section 6033(e)(1)(A) notices of nondeductible section 162(e) dues
2c		4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?
3		4	
3		5	Taxable amount of lobbying and political expenditures (see instructions)

1	Were substantially all (90% or more) dues received nondeductible by members?	Yes	No
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	
Part III-B	Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and it either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."		

For each "Yes," respond on lines 1 through 11 below, provide in Part IV a detailed description of the lobbying activity.		
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	
	a. Volunteers?	
	b. Paid staff or management (include compensation in expenses reported on lines 1c through 11)?	
	c. Media advertisements?	
	d. Mailings to members, legislators, or the public?	
	e. Publications, or published or broadcast statements?	
	f. Grants to other organizations for lobbying purposes?	
	g. Direct contact with legislators, their staffs, government officials, or a legislative body?	
	h. Rafters, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	
	i. Other activities?	
	j. Total. Add lines 1c through 1i?	
	2a. Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	
	b. If "Yes," enter the amount of any tax incurred under section 4912	
	c. If "Yes," enter the amount of any tax incurred by organization managers under section 4912	
	d. If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	
Part III-A. Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).		
	Yes	No
	(a)	(b)

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Schedule C (Form 990 or 990-EZ) 2017 ENDING SPENDING, INC.	27-2189012 Page 4	Part IV Supplemental Information (continued)
SPONSORING INDEPENDENT EXPENDITURES IN SUPPORT OF, OR OPPOSITION TO, FEDERAL CANDIDATES.		

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States,
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.**

► Go to www.irs.gov/Form990 for the latest information.
► Attach to Form 990.

Name of the organization

ENDING SPENDING, INC.

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part V the organization's procedures for monitoring the use of grant funds in the United States. Yes No

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AMERICAN POLICY COALITION P.O. BOX 75650 WASHINGTON DC 20013	45-3212088	501(c)(4)	25,000.	0.			GENERAL SUPPORT
INSTITUTE OF THE STUDY OF WAR 1400 16TH STREET NW, SUITE 515 WASHINGTON DC 20036	26-0273675	501(c)(3)	10,000.	0.			GENERAL SUPPORT
NATIONAL RIFLE ASSOCIATION INSTITUTE FOR LEGISLATIVE ACTION 11250 WAPLES MILL ROAD - FAIRFAX, VA 22030	53-0116130	501(c)(4)	50,000.	0.			GENERAL SUPPORT
REPUBLICAN ATTORNEYS GENERAL ASSOCIATION - 1747 PENNSYLVANIA AVE NW, SUITE 800 - WASHINGTON, DC 20006	46-4501717	527	25,000.	0.			GENERAL SUPPORT
REPUBLICAN JEWISH COALITION 50 F STREET NW, SUITE 100 WASHINGTON, DC 20001	52-1386172	501(c)(4)	25,000.	0.			GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 1.

3 Enter total number of other organizations listed in the line 1 table 4.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

2017

Open to Public
Inspection

Part III Grants and Other

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

SCHEDULE J		Compensation Information		Form 990		Part I Questions Regarding Compensation	
OMB No. 1545-0047		For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		Name of the Organization		Employee Identification number	
2017		Go to www.irs.gov/Form990 for instructions and the latest information.		ENDING SPENDING, INC.		27-2189012	
Open to Public Inspection		► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		► Go to www.irs.gov/Form990 for instructions and the latest information.		Part I Questions Regarding Compensation	
Department of the Treasury Internal Revenue Service		► Attach to Form 990.		► Go to www.irs.gov/Form990 for instructions and the latest information.			
1a. Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990.		Part VI, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		Travel for compensation		<input type="checkbox"/> First-class or chartered travel	
b. If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment of		► Personal services (such as, maid, chauffeur, chef)		Personal services		<input type="checkbox"/> Discretionary spending account	
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.		► Health or social club dues or initiation fees		Tax indemnification and gross-up payments		<input type="checkbox"/> Travel for compensation	
2. Did the organization require substantiation prior to reimbursing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?		► Payments for business use of personal residence		Payments for business use of personal residence		<input type="checkbox"/> Payments for business use of personal residence	
3. Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		► Establish compensation of the CEO/Executive Director, but explain in Part III.		Written employment contract		<input type="checkbox"/> Compensation arrangement of the CEO/Executive Director	
4. During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		► Participate in, or receive payment from, a supplemental nonqualified retirement plan?		Participate in, or receive payment from, an equity-based compensation plan?		<input type="checkbox"/> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	
5. Only Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		► Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		<input type="checkbox"/> Only Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	
6. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		a. The organization		b. Any related organization?		<input type="checkbox"/> Any related organization?	
7. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		If "Yes" on line 6a or 6b, describe in Part III.		If "Yes" on line 6a or 6b, describe in Part III.		<input type="checkbox"/> Any related organization?	
8. Were any amounts reported on lines 5 and 67 if "Yes," describe in Part III.		Initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		Initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		<input type="checkbox"/> Initial contract exception described in Regulations section 53.4958-6(c)7	
9. If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in		Regulations section 53.4958-6(c)7					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule J (Form 990) 2017

Part II Officers, Director:

Part II Officers, Dire

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii).

Do not list any individuals that are not listed on Form 380, Part VII.

Note: The sum of columns (B)–(H) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (B) and (C) amounts for that individual.

Part III | **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCH E D U L E O		Form 990 or 990-EZ				
Supplemental Information to Form 990 or 990-EZ						
OMB No. 1545-0047						
Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.						
<table border="0"> <tr> <td>► Go to www.irs.gov/Form990 for the latest information.</td> </tr> <tr> <td>► Attach to Form 990 or 990-EZ.</td> </tr> <tr> <td>► Open to Public Inspection</td> </tr> </table>				► Go to www.irs.gov/Form990 for the latest information.	► Attach to Form 990 or 990-EZ.	► Open to Public Inspection
► Go to www.irs.gov/Form990 for the latest information.						
► Attach to Form 990 or 990-EZ.						
► Open to Public Inspection						
Name of the organization						
ENDING SPENDING, INC.						
Employee identification number						
27-2189012						

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

SHOWING HOW MEMBERS OF CONGRESS VOTED ON VARIOUS SPENDING PROVISIONS.

ENDING SPENDING ALSO USED MASS MEDIA ADVERTISEMENTS, SOUGHT EARNED MEDIA, AND WORKED TO ORGANIZE THE GRASSROOTS TO ACHIEVE THE

ORGANIZATION'S GOALS.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION CONDUCTS PERIODIC REVIEWS TO ENSURE COMPLIANCE AND CAN BRING IN OUTSIDE EXPERTS TO ACT IN AN ADVISORY CAPACITY.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION PAID TO OFFICERS/KEY EMPLOYEES OF THE ORGANIZATION WAS REVIEWED AND APPROVED BY THE INDEPENDENT, NON-INTERESTED BOARD OF DIRECTORS. THE COMPENSATION WAS DETERMINED USING COMPARABILITY DATA NEGOTIATED AT ARM'S LENGTH. THE AGREED UPON COMPENSATION ARRANGEMENTS WERE THEN DOCUMENTED IN THE RESPECTIVE EMPLOYMENT AGREEMENTS.

FORM 990, PART VI, SECTION C, LINE 19:

THESE DOCUMENTS ARE NOT MADE AVAILABLE TO THE PUBLIC

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocation?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage of ownership

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
- b Gift, grant, or capital contribution to related organization(s)
- c Gift, grant, or capital contribution from related organization(s)
- d Loans or loan guarantees to or for related organization(s)
- e Loans or loan guarantees by related organization(s)
- f Dividends from related organization(s)
- g Sale of assets to related organization(s)
- h Purchase of assets from related organization(s)
- i Exchange of assets with related organization(s)
- j Lease of facilities, equipment, or other assets to related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)
- l Performance of services or membership or fundraising solicitations for related organization(s)
- m Performance of services or membership or fundraising solicitations by related organization(s)
- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o Sharing of paid employees with related organization(s)
- p Reimbursement paid to related organization(s) for expenses
- q Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- s Other transfer of cash or property from related organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI
Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

Provide additional information for responses to questions on Schedule R. See instructions.

Part VI Supplemental Information.

27-2189012 Page 5

ENDING SPENDING, INC.

Form 8868 Application for Automatic Extension of Time To File an Exempt Organization Return

(Rev. January 2017) OMB No. 1545-1709

Internal Revenue Service
Department of the Treasury

Name of exempt organization or other filer, see instructions.		Employee identification number.		Enter filer's identifying number.	
FNDING SPENDING, INC.		27-2189012		TAMPA, FL 33606	
Number, street, and room or suite no. if a P.O. box, see instructions.		Social security number (SSN)		Filer's date for requesting an extension of time to file income tax returns.	
610 S. BOUTEVARD		01		Form 990-T (corporation)	
City, town or post office, state, and ZIP code. For a foreign address, see instructions.		02		Form 1041-A	
TAMPA, FL 33606		03		Form 4720 (other than individual)	
Enter the return code for the return that this application is for (file a separate application for each return)		04		Form 5227	
Form 990 or Form 990-EZ		05		Form 6069	
Form 990-T (sec. 401(a) trust)		06		Form 8870	
Form 990-T (trust other than above)		07		Form 33606	
ROBERT WATKINS & COMPANY, P.A.		08		Form 4720 (individual)	
Telephone No. □ 813-254-3369		09		Form 4720 (other than individual)	
Fax No. □ 813-253-3280		10		Form 990-PF	
The books are in the care of □ 610 S. BOUTEVARD - TAMPA, FL 33606		11		Form 5227	
If it is for a Group Return, enter the organization's four digit Group Number (GEN) . If this is for the whole group, check this box □		12		Form 6069	
If the organization does not have an office or place of business in the United States, check this box □		13		Form 408(a) (trust)	
For the organization named above. The extension is for the organization's return for:		14		Form 990-T (including extensions of time until NOVEMBER 15, 2018 , to file the exempt organization return	
1 request an automatic 6-month extension of time until NOVEMBER 15, 2018 , to file the exempt organization return		15		If it is for a part of the group, check this box □ and attach a list with the names and EINs of all members that this box □	
If this is for a Group Return, enter the organization's four digit Group Number (GEN) . If this is for the whole group, check this box □		16		If it is for a Group Return, check this box □ and attach a list with the names and EINs of all members that this box □	
If the organization does not have an office or place of business in the United States, check this box □		17		For the organization named above. The extension is for the organization's return for:	
For the organization named above. The extension is for the organization's return for:		18		Change in accounting period	
If the tax year entered in line 1 is for less than 12 months, check reason: <input type="checkbox"/> initial return <input type="checkbox"/> final return <input type="checkbox"/> and ending tax year beginning , and ending		19		If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter any refundable credits and nonrefundable credits. See instructions.	
If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any estimated tax payments made. Include any prior year overpayment allowed as a credit.		20		Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required.	
By using EFTPS (Electronic Federal Tax Payment System). See instructions.		21		0.	
Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EZ and Form 8879-EZ for payment instructions.		22		0.	

If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.		3a		\$ 0.	
If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.		3b		\$ 0.	
Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required.		3c		\$ 0.	

For the organization named above. The extension is for the organization's return for:

1 request an automatic 6-month extension of time until NOVEMBER 15, 2018 , to file the exempt organization return

2 If it is for a part of the group, check this box □ and attach a list with the names and EINs of all members that this box □

3 If this is for a Group Return, enter the organization's four digit Group Number (GEN) . If this is for the whole group, check this box □

4 If this is for a Group Return, check this box □ and attach a list with the names and EINs of all members that this box □

5 If the organization does not have an office or place of business in the United States, check this box □

6 If the organization does not have an office or place of business in the United States, check this box □

7 If this application is for the organization named above. The extension is for the organization's return for:

8 Change in accounting period

9 If the tax year entered in line 1 is for less than 12 months, check reason: initial return final return and ending tax year beginning , and ending

10 If the tax year entered in line 1 is for less than 12 months, check reason: initial return final return and ending

11 Form 990-T (including extensions of time until NOVEMBER 15, 2018 , to file the exempt organization return

12 Form 8870

Form 990-T (including extensions of time until NOVEMBER 15, 2018 , to file the exempt organization return		13		Form 8870	
Form 990-T (sec. 401(a) trust)		14		Form 6069	
Form 990-T (trust other than above)		15		Form 408(a) (trust)	
Form 990-PF		16		Form 990-T (including extensions of time until NOVEMBER 15, 2018 , to file the exempt organization return	
Form 5227		17		Form 8870	
Form 6069		18		Form 408(a) (trust)	
Form 8870		19		Form 990-T (including extensions of time until NOVEMBER 15, 2018 , to file the exempt organization return	
Form 990-PF		20		Form 8870	
Form 5227		21		Form 6069	
Form 6069		22		Form 8870	
Form 8870		23		Form 990-T (including extensions of time until NOVEMBER 15, 2018 , to file the exempt organization return	
Form 990-T (including extensions of time until NOVEMBER 15, 2018 , to file the exempt organization return		24		Form 8870	
Form 8870		25		Form 990-T (including extensions of time until NOVEMBER 15, 2018 , to file the exempt organization return	
Form 990-T (including extensions of time until NOVEMBER 15, 2018 , to file the exempt organization return		26		Form 8870	
Form 8870		27		Form 990-T (including extensions of time until NOVEMBER 15, 2018 , to file the exempt organization return	
Form 8870		28		Form 8870	
Form 8870		29		Form 8870	
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